

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 24 PM 2:11

DOCUMENT # P94000083411 (6)

1. Corporation Name  
JAMES & KAY, INC.

Principal Place of Business Mailing Address  
561 E HORATIO AVE 561 E HORATIO AVE  
SUITE C SUITE C  
MAITLAND FL 32751 MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/15/1994  
3a. Date of Last Report  
4. FEI Number 59-3283797 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 869 E. SEMORAN BLVD 26 1191 FREEDOM LANE

Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27

City & State City & State  
23 CASSELBERRY 28 WINTER SPRINGS

Zip Country Zip Country  
24 FL32707 25 U.S.A. 29 FL32708 30 U.S.A.

5. Certificate of Status Desired  \$6.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

SMITH, RANDALL C  
561 E HORATIO AVE  
SUITE C  
MAITLAND FL 32751

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRD, MICHAEL J	1.2 NAME	
STREET ADDRESS	1950 LEE RD	1.3 STREET ADDRESS	1191 FREEDOM LANE
CITY-ST-ZIP	WINTER PARK FL 32789	1.4 CITY-ST-ZIP	WINTER SPRINGS FL32708
TITLE	ST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRD, HILARY K	2.2 NAME	
STREET ADDRESS	1950 LEE RD SUITE 215	2.3 STREET ADDRESS	1191 FREEDOM LANE
CITY-ST-ZIP	WINTER PARK FL 32789	2.4 CITY-ST-ZIP	WINTER SPRINGS FL32708
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer, director, or registered agent of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE: MICHAEL J. BIRD (PRESIDENT) Jan 17 95 331 7747